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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of	Gila			BUREAU OF VITAL STATISTICS.		State Index No. <u>93</u>	
District of	Eslov			ORIGINAL CERTIFICATE OF BIRTH.		Co. Register No. <u>202</u>	
Town of	Miami					Local Registrar's No. _____	
City of							
FULL NAME OF CHILD <u>Virginia Guerra</u>				(No. _____ St; _____ Ward)		Born } YES	
						Alive } <input checked="" type="checkbox"/>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.							
Sex of Child	<u>Female</u>	Twin, Triplet or other	<u>X</u>	and	Number in order of birth	Legitimate?	Date of Birth
							(Month) (Day) (yr.)
Full Name	FATHER <u>Roman Guerra</u>			MOTHER <u>Refugio Bautista</u>			
Residence	<u>Miami Ariz</u>			<u>Miami Ariz</u>			
Color or Race	<u>Mex</u>	Age at last Birthday	<u>38</u>	Color or Race <u>Mex</u> Age at last Birthday <u>38</u>			
		(years)					
Birthplace	<u>Mexico</u>			<u>Mexico</u>			
Occupation	<u>Miner</u>			<u>House wife</u>			
Number of child of this mother <u>4</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of above child; and that it occurred on Aug 6 1912 39 M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician or householder.)

Given or christian name added from a

Address Miami Ariz

supplemental report \_\_\_\_\_ 191\_\_

Filed Aug 10 1912

B. S. Joy

LOCAL REGISTRAR.

5-71-806-321  
COUNTY REGISTRAR.

Filed Sept 10 1912

A True Copy

B. S. Joy  
COUNTY REGISTRAR.